PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE reE Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450

AUG 3 1 2007

or Fax (571)-273-2885

STRUCTIONS: The form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where propriate. All further/correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as the ated unless confected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for the correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for the correspondence address; and/or (c) indicating a separate "FEE ADDRESS" for the correspondence address; and/or (d) indicating a separate "FEE ADDRESS" for the correspondence address; and/or (d) indicating a separate "FEE ADDRESS" for the correspondence address; and/or (d) indicating a separate "FEE ADDRESS" for the correspondence address; and/or (d) indicating a separate "FEE ADDRESS" for the correspondence address; and/or (d) indicating a separate "FEE ADDRESS" for the correspondence address; and/or (d) indicating a separate "FEE ADDRESS" for the correspondence address; and/or (d) indicating a separate "FEE ADDRESS" for the correspondence address; and/or (d) indicating a separate "FEE ADDRESS" for the correspondence address; and/or (d) indicating a separate "FEE ADDRESS" for the correspondence address; and/or (d) indicating a separate "FEE ADDRESS" for the correspondence address; and/or (d) indicating a separate "FEE ADDRESS" for the correspondence address; and/or (d) indicating a separate "FEE ADDRESS" for the correspondence address; and/or (d) indicating a separate "FEE ADDRESS" for the correspondence address; and/or (d) indicating a separate "FEE ADDRESS" for the correspondence address; and/or (d) indicating a separate "FEE ADDRESS" for the correspondence address; and/or (d) indicating a separate "FEE ADDRESS" for the correspondence address; and/or (d) indicating a separate "FEE ADDRESS" for the correspondence address and the correspondence address and the

27885

7590

ne

06/05/2007

FAY SHARPE LLP 1100 SUPERIOR AVENUE, SEVENTH FLOOR CLEVELAND, OH 44114

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission
I hereby certify that this Fee(s) Transmittal is being deposited with the United
States Postal Service with sufficient postage for first class mail in an envelope
addressed to the Mail Stop ISSUE FEE address above, or being facsimile
transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's nume)	v M. McNULTY
(Signuture)	rymmc/wity
(Date)	t 31. 2007

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR ATTORNEY DOCKET NO. C		CONFIRMATION NO.
10/531,202	04/13/2005	Edward T Schneider	ESNZ 2 00028 US	7838

TITLE OF INVENTION: Inflatable Decubitis Mat With Vent Structures Controlled By Heat Sensors

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	¥9/84/2087	BBBBBB SHAYURM	4 866388 18531282
EXAM	MINER	ART UNIT	CLASS-SUBCLASS			
GROSZ, AI	LEXANDER	3673	005-713000	91 FC a2301 82 FC:1584		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the p (1) the names of up to	3 registered patent attorn	neys 1 FAY SHA	ARPE LLP
			or agents OR, alternati (2) the name of a single registered attorney or a registered patent attorney on the state of the s	e firm (having as a membagent) and the names of u	era 2 p to e is 3	
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or ty	pe)		
PLEASE NOTE: Un recordation as set for	lless an assignee is ident th in 37 CFR 3.11. Com	tified below, no assignee pletion of this form is NO	data will appear on the p	atent. If an assignee is ic assignment. Unit date:	lentified below, the docu	ament has been filed for
(A) NAME OF ASSI	GNEE		(B) RESIDENCE: (CITY	WWW. 177.097047E007	. MARCHIENE REPRESENT	EN2 4 060308 10531202
TCAM TECH	NOLOGIES INC.		MENTOR, OHIO	01 FC:2501 02 FC:1504	700.00 CR 300.00 CK	
Please check the appropr	riate assignee category or	r categories (will not be pr	rinted on the patent):	Individual Corporati	on or other private group	entity Government
4a. The following fee(s) Lesue Fee			A check is enclosed.	ase first reapply any prev		own above)
	No small entity discount # of Copies		The Director is hereby	rd. Form PTO-2038 is atta	required fec(s), any defic	iency, or credit any
5. Change in Entity Sta	itus (from status indicate	d shove)	overpayment, to Dept	sit Account Number 06-	-U3U8 (enclose an e	xira copy of this form).
	ns SMALL ENTITY state		☐ b. Applicant is no lon	ger claiming SMALL ENT	FITY status, See 37 CFR	1.27(g)(2).
				he applicant; a registered a		
Authorized Signature	Momas	Joans	Aly .	Date 3/ A	22007	
Typed or printed nam	Thomas E. I	KOCOVSKY, Jr.		Registration No.	28,383	
This collection of inform	nation is required by 37 (FR 1 311 The information	m is required to obtain or	ratain a hanafit bu the auch	is which is to file /a = d b.	AL-LICOTO A

an application. Confidentiality is governed by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTOL-85 (Rev. 07/06) Approved for use through 05/31/2007.

OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE